

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022764

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 9 1962

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN WindsorLength of stay in 1b  
5 daysc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Henry

c. CITY OR TOWN Windsor

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
206 W. JacksonReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Leota M. Deeds

4. DATE OF DEATH July 4, 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3-25-1918

9. AGE (last birthday) 44

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Windsor Mo.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

John H. Young

## 13b. MOTHER'S MAIDEN NAME

Maude Pattison

## 14. NAME OF HUSBAND OR WIFE

A. J. Deeds

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO. 486-26-7655

17. INFORMANT Ruth Young Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Cardio-Vascular Collapse  
Cachexia from Metastatic Cancer  
Cancer of CervixINTERVAL BETWEEN  
ONSET AND DEATH4-6 hrs  
4-5 mos  
1 yr.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-3-62 to 7-4-62 and last saw her alive on 7-4-62  
Death occurred at 3:50 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Print or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE 7-5-1962

23c. NAME OF CEMETERY OR CREMATORY  
Laurel Oak Cemetery23d. LOCATION (City, town, or county)  
Windsor, Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clifford Gouge Windsor, Mo.

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

July 7, 1962

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0421

2 0421

3

4 1

5 2

6

7 0

8 2

9 7/1 X

10

11

12 3-0

13 1-0

JUL 24 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.